

Wigodsky and S K Hoppe); the need to adjust the structuring of research review (C R MacKay), and the awareness of communal and ecological values (A Dobson).

Through the issues explored by these authors, the vastness of the field of bioethics is apparent. The editors end by describing the major tasks in the area of bioethics for the twenty-first century. They stress the need to educate health professionals in dealing with ambiguity. Medicine should turn to the exploration and development of values so that health professionals will be better able to cope with the dilemmas they encounter.

Throughout the book there is a consistent call for a different kind of ethics, since in the authors' view, most of medical ethics has until now developed from the concept of autonomy and utility. One of the very interesting suggestions they make is that a communitarian ethics is required by our advancing knowledge. Despite the considerable success of these methodologies, a new ethics is especially called for by the myriad challenges biological and medical developments have created. This concern is present throughout this work and it is therefore a reflective and stimulating book which makes a significant contribution to the process of educating the next generation.

PAUL T SCHOTSMANS

*School of Medicine,
Centre of Medical Ethics and Law,
Catholic University of Leuven, Belgium*

The Need for Healthcare

Rod Sheaff, London, Routledge, 1996, ix+228 pages, £45.00 hb, £13.99 pb.

A few pages from the end of his book it occurs to Rod Sheaff that the reader may say: "All very well, but is this really ethics?" (page 207, emphasis in original). The answer from this reader was that most of it had certainly not been ethics, but that there was no good reason why it should have been. However, while no doubt the Routledge cover classification of "Applied ethics/Moral philosophy" will send it to its natural readership well enough, "Applied philosophy" would certainly be a more accurate label. Nor is this a trivial matter. To squeeze a work of this kind into the narrower category helps to perpetuate

the error of thinking that where our interest in a problem is ultimately practical, the relevant philosophical contribution must be explicitly ethical. But of course this is not so; our practical judgments may rest in part on misconceptions in such regions as metaphysics or the philosophy of mind as well as on those in philosophical ethics. Anyone interested in ethics must at some time look beyond it.

Sheaff's book is quite densely written and remarkably comprehensive for its size, moving from the detailed conceptual analysis of needs, by way of the roles of health care workers, to an excellent short defence of the economics of public over private health care provision. Certainly the main programme of the book is a good one: to take a concept that is in regular ordinary use as the criterion for providing health care, to try to achieve a better understanding of it than is immediately given by unreflective usage, and to see how much can be done before we have to introduce our moral judgments. Thus, while it seems often to be assumed that the identification of someone's need is at the same time the identification of an imperative for others to help, Sheaff reminds us that this is not necessarily so. We tend to forget that if people are to act wrongly, they invariably need the means to do so. Sheaff therefore takes as fundamental the non-moral idea of need as involving a lack which, in the context of (say) B's drives, gives B a reason for action. If we attribute a need to B we thereby assert the existence for B of a reason for action, but only sometimes do we also assert that there is any more general sense (moral or otherwise) in which B ought to get what is needed and that others should endorse this claim.

However, Sheaff does not wish to restrict the concept of need to a straightforward correlation with drives, but rather holds that drives are subject to critical scrutiny before we use them as the basis for attributing needs. The scrutiny is said to be prudential rather than moral and is in essence a form of maximising rationality, seeking to maximise drive satisfaction while taking account of such things as the kind of drive under consideration, its urgency, its compatibility with other drives, and of course any factual error as to the conditions of its satisfaction. The compatibility requirement is perhaps the most controversial, since it appears to have the odd (though perfectly coherent) implication that I cannot need to be in two

places at once. That is, for Sheaff the resolution of such a conflict is not a matter of discovering which is the greater of two needs, but of discovering which is really the need. There is space just to raise a deeper problem, that of whether a conception of rationality that includes a substantive hierarchy of drives, giving (for example) priority to survival, can really confine itself to the descriptive and prudential. Some people, for all we can tell, wish to endanger their lives by refusing food; yet they lack, as we might naturally say, a good enough reason for so doing. In making our judgment of individuals' drives, though, it is not clear that we can avoid this appeal to the value we place on life if we say that they are imprudent or irrational in overturning our ranking. This, of course, is not to express scepticism about the hierarchy itself, but only about its nature.

Once the idea of needs has been established, the argument proceeds by using it to define health: in brief, as "the painless exercise of a person's natural capacities . . . to obtain and consume the satisfiers of her needs" (page 70). Arguably, given the asymptomatic stages of many serious diseases, this kind of account defines feeling healthy rather than being so, but Sheaff's approach generates a particularly interesting discussion of mental illness. The account naturally resists the medicalisation of drives, however regrettable or objectionable others may find them, and looks instead for those failures of cognition and rationally that seriously impede the satisfaction of needs. Since, reasonably enough, he insists that needs are to be attributed on an individual basis, deep questions are quite rightly raised here concerning precisely when we can or cannot assert that people are impeded in this way, other than when they say so.

The subject of ethics appears explicitly only in the brief concluding chapter and consists mainly of a warning against supposing that the moral is logically derivable from the prudential; thus those approaching this book in the hope of a treatise on ethics risk disappointment. Fortunately they also risk becoming immersed in an occasionally difficult but invariably rewarding study of the ideas that are fundamental to understanding health care.

HUGH UPTON

*Centre for Philosophy and Health Care,
University of Wales, Swansea*